Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number *(if known)* ______ Chapter **11**

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals,* is available.

1.	**Debtor's name**	**Total Office Solutions, Inc.**	
2.	**All other names debtor used in the last 8 years** Include any assumed names, trade names and *doing business as* names		
3.	**Debtor's federal Employer Identification Number** (EIN)	**59-3444802**	
4.	**Debtor's address**	**Principal place of business** **4301 Emerson Street** **Jacksonville, FL 32207** Number, Street, City, State & ZIP Code **Duval** County	**Mailing address, if different from principal place of business** P.O. Box, Number, Street, City, State & ZIP Code **Location of principal assets, if different from principal place of business** **4301 Emerson Street Jacksonville, FL 32207** Number, Street, City, State & ZIP Code
5.	**Debtor's website** (URL)	**tosinc.com**	
6.	**Type of debtor**	■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) ☐ Partnership (excluding LLP) ☐ Other. Specify:	

Debtor **Total Office Solutions, Inc.** Case number (*if known*)
Name

7. Describe debtor's business

A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ■ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See http://www.uscourts.gov/four-digit-national-association-naics-codes.

____

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ■ Chapter 11. *Check all that apply*:
  - ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
  - ■ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
  - ☐ A plan is being filed with this petition.
  - ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
  - ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
  - ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

- ■ No.
- ☐ Yes.

District ______ When ______ Case number ______
District ______ When ______ Case number ______

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list

- ■ No
- ☐ Yes.

Debtor ______ Relationship ______
District ______ When ______ Case number, if known ______

Debtor **Total Office Solutions, Inc.** Case number (*if known*) ______
Name

11. Why is the case filed in *this district?*

Check all that apply:

■ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

■ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? ______

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other ______

Where is the property? ______

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency ______

Contact name ______

Phone ______

Statistical and administrative information

13. Debtor's estimation of available funds

. *Check one:*

■ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

■ 1-49	☐ 1,000-5,000	☐ 25,001-50,000
☐ 50-99	☐ 5001-10,000	☐ 50,001-100,000
☐ 100-199	☐ 10,001-25,000	☐ More than100,000
☐ 200-999		

15. Estimated Assets

☐ $0 - $50,000	■ $1,000,001 - $10 million	☐ $500,000,001 - $1 billion
☐ $50,001 - $100,000	☐ $10,000,001 - $50 million	☐ $1,000,000,001 - $10 billion
☐ $100,001 - $500,000	☐ $50,000,001 - $100 million	☐ $10,000,000,001 - $50 billion
☐ $500,001 - $1 million	☐ $100,000,001 - $500 million	☐ More than $50 billion

16. Estimated liabilities

☐ $0 - $50,000	■ $1,000,001 - $10 million	☐ $500,000,001 - $1 billion
☐ $50,001 - $100,000	☐ $10,000,001 - $50 million	☐ $1,000,000,001 - $10 billion
☐ $100,001 - $500,000	☐ $50,000,001 - $100 million	☐ $10,000,000,001 - $50 billion
☐ $500,001 - $1 million	☐ $100,000,001 - $500 million	☐ More than $50 billion

Debtor **Total Office Solutions, Inc.**
Name

Case number (*if known*)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 19, 2017**
MM / DD / YYYY

X **/s/ Mark Chappell**
Signature of authorized representative of debtor

Mark Chappell
Printed name

Title **Registered Agent/President**

---

18. Signature of attorney

X **/s/ Thomas C. Adam**
Signature of attorney for debtor

Date **May 19, 2017**
MM / DD / YYYY

Thomas C. Adam
Printed name

Adam Law Group, P.A.
Firm name

301 W. Bay Street, Suite 1430
Jacksonville, FL 32202
Number, Street, City, State & ZIP Code

Contact phone **(904) 329-7249** Email address **tadam@adamlawgroup.com**

648711
Bar number and State

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule* ____________
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration ____________

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 19, 2017**

X **/s/ Mark Chappell**
Signature of individual signing on behalf of debtor

Mark Chappell
Printed name

Registered Agent/President
Position or relationship to debtor

Fill in this information to identify the case:	
Debtor name	**Total Office Solutions, Inc.**
United States Bankruptcy Court for the:	**MIDDLE DISTRICT OF FLORIDA**
Case number (if known):	

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Bank of America, N.A. Bank of America Corp Center 100 North Tryon Street Charlotte, NC 28255		**Corporate Credit Card**				**$4,481.33**
Fidelity Bank 10611 Deerwood Park Blvd Jacksonville, FL 32256		**Blanket Lien on Assets and Cash Collateral**		**$51,392.00**	**$0.00**	**$51,392.00**
Mooney Financial 4190 Belfort Road Jacksonville, FL 32216		**Profesional Services**				**$3,000.00**

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) ______________

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals **12/15**

Part 1: Summary of Assets

1. ***Schedule A/B: Assets-Real and Personal Property*** (Official Form 206A/B)

1a. **Real property:** Copy line 88 from *Schedule A/B*....................	$	**128,849.60**
1b. **Total personal property:** Copy line 91A from *Schedule A/B*....................	$	**2,209,095.85**
1c. **Total of all property:** Copy line 92 from *Schedule A/B*....................	$	**2,337,945.45**

Part 2: Summary of Liabilities

2. ***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, *Amount of claim,* from line 3 of *Schedule D*....................	$	**1,591,392.00**
3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of *Schedule E/F*....................	$	**0.00**
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*....................	+$	**7,481.33**
4. **Total liabilities** .... Lines 2 + 3a + 3b	$	**1,598,873.33**

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. **Does the debtor have any cash or cash equivalents?**

☐ No. Go to Part 2.

■ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor				**Current value of debtor's interest**
2.	**Cash on hand**			**$200.00**
3.	**Checking, savings, money market, or financial brokerage accounts** *(Identify all)* Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	**Fidelity Bank**	**Checking**		**$200,000.00**
3.2.	**Merrill Lynch Money Mkt Account**	**Checking**		**$260,974.40**
4.	**Other cash equivalents** *(Identify all)*			
5.	**Total of Part 1.** Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			**$461,174.40**

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

☐ No. Go to Part 3.

■ Yes Fill in the information below.

7.	**Deposits, including security deposits and utility deposits** Description, including name of holder of deposit	
7.1.	**Jax Waste Management**	**$2,000.00**

Debtor **Total Office Solutions, Inc.** Case number *(If known)*
Name

7.2. **Rental deposit - Jay Cooper** **$8,900.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.** **$10,900.00**
Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.
■ Yes Fill in the information below.

11. **Accounts receivable**

	face amount		doubtful or uncollectible accounts		
11a. 90 days old or less:	**600,452.20**	-	**0.00**	=	**$600,452.20**
11a. 90 days old or less:	**251,389.98**	-	**125,694.99**	=	**$125,694.99**

12. **Total of Part 3.** **$726,147.19**
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. **Does the debtor own any investments?**

■ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☐ No. Go to Part 6.
■ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	**Raw materials**				
20.	**Work in progress**				
21.	**Finished goods, including goods held for resale**				
22.	**Other inventory or supplies**				
	Showroom Inventory: See Attached		**$0.00**		**$297,898.03**
	Warehouse Inventory: See Attached		**$0.00**		**$345,876.19**

Debtor **Total Office Solutions, Inc.** Case number *(If known)*
Name

23. **Total of Part 5.** **$643,774.22**
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
■ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
■ No
☐ Yes. Book value ______ Valuation method ______ Current Value ______

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
■ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

■ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.
■ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	**Office furniture**			
	Office furniture	**$0.00**		**$11,982.80**
	Warehouse Equipment	**$0.00**		**$12,838.00**
40.	**Office fixtures**			
41.	**Office equipment, including all computer equipment and communication systems equipment and software**			
	Computer Software	**$0.00**		**$17,208.00**

42. **Collectibles** *Examples*: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** **$42,028.80**
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
■ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
■ No

Debtor **Total Office Solutions, Inc.** Case number *(If known)*
Name

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.
■ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	**Net book value of debtor's interest** (Where available)	**Valuation method used for current value**	**Current value of debtor's interest**
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. **Automotive:** **2008 Toyota Highlander** **2011 Chevy Suburban** **2011 Freedom Gooseneck** **2012 Ford F450** **2008 Mercedes SL55** **F650 Ford Box Truck**	**$0.00**		**$322,571.24**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.** **$322,571.24**
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
■ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
■ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.
■ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	**Nature and extent of debtor's interest in property**	**Net book value of debtor's interest** (Where available)	**Valuation method used for current value**	**Current value of debtor's interest**

Debtor **Total Office Solutions, Inc.** Case number *(If known)*
Name

55.1.	**Leasehold Improvement**		**$0.00**		**$128,849.60**

56. **Total of Part 9.**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

$128,849.60

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
■ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
■ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.
■ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	**Patents, copyrights, trademarks, and trade secrets**			
61.	**Internet domain names and websites**			
62.	**Licenses, franchises, and royalties**			
63.	**Customer lists, mailing lists, or other compilations**			
	Customer List at 4301 Emerson Street	**$0.00**		**Unknown**
64.	**Other intangibles, or intellectual property**			
65.	**Goodwill**			

66. **Total of Part 10.**
Add lines 60 through 65. Copy the total to line 89.

$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C.§§ 101(41A) and 107**?**
■ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
■ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
■ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

Debtor **Total Office Solutions, Inc.**
Name

Case number *(If known)*

■ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**
XL Specialty Insurance Company
Policy Term: 2/16/2017 - 2/16/2018
Business Personal Property $1,197,200, Co-ins % : 100%
Business Income with Extra Expense: $1,047,700.00 — **$0.00**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

Wall decor — **$2,500.00**

78. **Total of Part 11.** — **$2,500.00**
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
■ No
☐ Yes

Debtor **Total Office Solutions, Inc.**
Name

Case number *(If known)*

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

	Type of property	Current value of personal property		Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1*	**$461,174.40**		
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	**$10,900.00**		
82.	**Accounts receivable.** *Copy line 12, Part 3.*	**$726,147.19**		
83.	**Investments.** *Copy line 17, Part 4.*	**$0.00**		
84.	**Inventory.** *Copy line 23, Part 5.*	**$643,774.22**		
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	**$0.00**		
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	**$42,028.80**		
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	**$322,571.24**		
88.	**Real property.** *Copy line 56, Part 9*..........>			**$128,849.60**
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	**$0.00**		
90.	**All other assets.** *Copy line 78, Part 11.*	+ **$2,500.00**		
91.	**Total.** Add lines 80 through 90 for each column	**$2,209,095.85**	**+** 91b.	**$128,849.60**
92.	**Total of all property on Schedule A/B**. Add lines 91a+91b=92			**$2,337,945.45**

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known)

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

■ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. **List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A **Amount of claim** Do not deduct the value of collateral.	Column B **Value of collateral that supports this claim**
2.1 Fidelity Bank	$51,392.00	$0.00
2.2 Fidelity Bank Line of Credit	$1,540,000.00	$1,540,000.00

2.1 **Fidelity Bank**
Creditor's Name

10611 Deerwood Park Blvd
Jacksonville, FL 32256
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

■ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Blanket Lien on Assets and Cash Collateral

Describe the lien

Is the creditor an insider or related party?

■ No

☐ Yes

Is anyone else liable on this claim?

☐ No

■ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2 **Fidelity Bank Line of Credit**
Creditor's Name

10611 Deerwood Park Blvd
Jacksonville, FL 32256
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
2017

Last 4 digits of account number
2622

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
Blanket Lien on Assets and Cash Collateral

Describe the lien

Is the creditor an insider or related party?

■ No

☐ Yes

Is anyone else liable on this claim?

■ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Debtor **Total Office Solutions, Inc.** Case number (if know)
Name

■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent
☐ Unliquidated
☐ Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **$1,591,392.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) ______

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

■ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims**. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.1	**Bank of America, N.A.** **Bank of America Corp Center** **100 North Tryon Street** **Charlotte, NC 28255** **Date(s) debt was incurred** _ **Last 4 digits of account number** 4105	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Corporate Credit Card Is the claim subject to offset? ■ No ☐ Yes	**$4,481.33**
3.2	**Mooney Financial** **4190 Belfort Road** **Jacksonville, FL 32216** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Profesional Services Is the claim subject to offset? ■ No ☐ Yes	**$3,000.00**

Part 3: List Others to Be Notified About Unsecured Claims

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. **Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a. Total claims from Part 1	5a.	$ 0.00
5b. Total claims from Part 2	5b. +	$ 7,481.33
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	$ 7,481.33

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. **Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

■ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.1. State what the contract or lease is for and the nature of the debtor's interest	**Service Agreement on OCE PW 360 Plotter $128.40 per month Contract Exiration: 9/14/2018**	
State the term remaining	**16 months**	**AIM 11657 Central Parkway Suite 401 Jacksonville, FL 32224**
List the contract number of any government contract		
2.2. State what the contract or lease is for and the nature of the debtor's interest	**Lease on Trucks $5,052.03 per month**	
State the term remaining		**Atlantic Equipment Leasing 833 Picketville Road Jacksonville, FL 32220**
List the contract number of any government contract		
2.3. State what the contract or lease is for and the nature of the debtor's interest	**Lease on 360 Plotter $495.40 per month Contract Expiration: 10/20/2018**	
State the term remaining	**17 months**	**Canon Financial 14904 Collections Cntr Drive Chicago, IL 60693-1608**
List the contract number of any government contract		
2.4. State what the contract or lease is for and the nature of the debtor's interest	**Sales Lead Information $146.30 per month Contract Expiration: 8/31/2017**	
State the term remaining	**2 months**	**Dodge Data & Analytics Dept CH 19894 Palatine, IL 60055-9894**
List the contract number of any government contract		

Debtor 1 **Total Office Solutions, Inc.** Case number (*if known*)

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases			**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.5.	State what the contract or lease is for and the nature of the debtor's interest	**Lease on Konica Minolta HB 454E $321.75 per month Contract Expiration: 10/15/2018**	
	State the term remaining	**9 months**	**Everbank Commercial Finance PO Box 911608 Denver, CO 80291-1608**
	List the contract number of any government contract		
2.6.	State what the contract or lease is for and the nature of the debtor's interest	**Lease on Building $10,812.35 per month Contract Expiration: 9/30/2019**	
	State the term remaining	**28 months**	**Jay Cooper PO Box 4918 Ketchum, ID 83340**
	List the contract number of any government contract		
2.7.	State what the contract or lease is for and the nature of the debtor's interest	**SVC Agreement on KM HB 454E $187.36 Contract Expiration: 9/19/2017**	
	State the term remaining	**4 months**	**Konica MInolta Dept AT 952823 Atlanta, GA 31192-2823**
	List the contract number of any government contract		
2.8.	State what the contract or lease is for and the nature of the debtor's interest	**Postage Meter Lease $124.12 per month Contract Expiration: 4/29/2021**	
	State the term remaining	**47 months**	**Pintney Bowes PO Box 371874 Pittsburgh, PA 15250-7874**
	List the contract number of any government contract		
2.9.	State what the contract or lease is for and the nature of the debtor's interest	**Waste Pickup - Every three months, unless called for pick-up Contract Expiration: 7/25/2020**	
	State the term remaining	**31 months**	**Waste Management PO Box 105453 Atlanta, GA 30348**
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) ______________

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
■ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: **Codebtor**		*Column 2:* **Creditor**	
	Name	**Mailing Address**	**Name**	*Check all schedules that apply:*
2.1	**Mark Chappell**	**12338 Trail Blazer Drive Jacksonville, FL 32220**	**Fidelity Bank**	■ D **2.1** ☐ E/F _____ ☐ G _____
2.2	**Total Office Solutions-GSA,**	**4301 Emerson Street Jacksonville, FL 32207**	**Fidelity Bank**	☐ D _____ ☐ E/F _____ ☐ G _____

Fill in this information to identify the case:

Debtor name **Total Office Solutions, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) ______

☐ Check if this is an amended filing

Official Form 207
Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. **Gross revenue from business**

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From **1/01/2017** to **Filing Date**	■ Operating a business ☐ Other	**$1,958,470.77**
For prior year: From **1/01/2016** to **12/31/2016**	☐ Operating a business ■ Other **Gross Recipts or Sales**	**$6,840,226.00**
For year before that: From **1/01/2015** to **12/31/2015**	☐ Operating a business ■ Other **Gross Recipts or Sales**	**$5,995,590.00**

2. **Non-business revenue**
Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

■ None.

Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. **Certain payments or transfers to creditors within 90 days before filing this case**
List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

■ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer *Check all that apply*

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**
List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

■ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer

5. **Repossessions, foreclosures, and returns**
List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

■ None

Creditor's name and address	Describe of the Property	Date	Value of property

6. **Setoffs**
List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

■ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount

Part 3: Legal Actions or Assignments

7. **Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**
List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case**.**

■ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case

8. **Assignments and receivership**
List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

■ None

Part 4: Certain Gifts and Charitable Contributions

9. **List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than $1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	**Wolfson Children's Hospital Bass Tournament 841 Prudential Drive Ste 1300 Jacksonville, FL 32207**	**$1,000.00; $1,000.00; $1,000.00**	**3/17/17; 4/04/17; 5/2/17**	**$3,000.00**
	Recipients relationship to debtor			

Part 5: Certain Losses

10. **All losses from fire, theft, or other casualty within 1 year before filing this case.**

■ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B *(Schedule A/B: Assets – Real and Personal Property)*.	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. **Payments related to bankruptcy**
List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	**Thomas C. Adam** **301 W. Bay Street** **Jacksonville, FL 32202**	**Attorney Fee: $14,500.00** **Filing Fee: $1,717.00**	**5/18/2017**	**$16,217.00**

Email or website address
adamlawgroup.com

Who made the payment, if not debtor?

12. **Self-settled trusts of which the debtor is a beneficiary**
List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

■ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

13. **Transfers not already listed on this statement**
List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

■ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

Part 7: Previous Locations

14. **Previous addresses**
List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

■ Does not apply

Debtor **Total Office Solutions, Inc.** Case number *(if known)*

Address	Dates of occupancy From-To

Part 8: Health Care Bankruptcies

15. **Health Care bankruptcies**
Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

■ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. **Does the debtor collect and retain personally identifiable information of customers?**

■ No.
☐ Yes. State the nature of the information collected and retained.

17. **Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

■ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. **Closed financial accounts**
Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

■ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. **Safe deposit boxes**
List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

■ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. **Off-premises storage**
List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

■ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Debtor **Total Office Solutions, Inc.** Case number *(if known)*

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. **Property held for another**
List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

■ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

■ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

■ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

■ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**
List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

■ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed

26. **Books, records, and financial statements**
26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.
☐ None

Name and address	Date of service From-To

	Name and address	Date of service From-To
26a.1.	**Ray Kaufman** **12 Freeland Lane** **Palm Coast, FL 32137**	**11/21/2001-5/20/2016**
26a.2.	**Kim Johnson** **7232 Tonga Drive** **Jacksonville, FL 32216**	**8/29/2016-Present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

	Name and address	Date of service From-To
26b.1.	**Patrick & Robinson** **4029 Atlantic Blvd** **Jacksonville, FL 32207**	**01/01/2014-Prensent**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	**Patrick & Robinson** **4029 Atlantic Blvd** **Jacksonville, FL 32207**	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

	Name and address
26d.1.	**Fidelity Bank** **FKA American Enterprise Bank** **10611 Deerwood Park Blvd** **Jacksonville, FL 32256**

27. **Inventories**
Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No
■ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 .	**Patrick & Robinson, CPAs**	**12/31/2016**	**$643,774.22 - Showroom & Warehouse Inventory**

Name and address of the person who has possession of inventory records
Patrick & Robinson **4029 Atlantic Blvd** **Jacksonville, FL 32207**

28. **List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Debtor **Total Office Solutions, Inc.** Case number *(if known)*

Name	Address	Position and nature of any interest	% of interest, if any
Mark L. Chappell	**12338 Trail Blazer Drive Jacksonville, FL 32220**	**President**	**100**

Name	Address	Position and nature of any interest	% of interest, if any
Kevin Gray	**4301 Emerson Street Jacksonville, FL 32207**	**Vice President of Sales**	

Name	Address	Position and nature of any interest	% of interest, if any
Julie Gleason	**4301 Emerson Street Jacksonville, FL 32207**	**Vice President of Design**	

29. **Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

■ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**
Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No
■ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1.	**Mark Chappell 12338 Trailblazer Drive Jacksonville, FL 32220** Relationship to debtor **President/Shareholder**	**$100,000**	**05/15/2017**	**Repayment of Shareholder Loan**
30.2.	**Mark Chappell 12338 Trailblazer Drive Jacksonville, FL 32220** Relationship to debtor **President/Shareholder**	**$333.33**	**02/09/2017**	**Interest on Shareholder Loan**
30.3.	**Mark Chappell 12338 Trailblazer Drive Jacksonville, FL 32220** Relationship to debtor **President/Shareholder**	**$333.33**	**03/07/2017**	**Interest on Shareholder loan**

Debtor **Total Office Solutions, Inc.** Case number *(if known)*

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.4.	**Mark Chappell** **12338 Trailblazer Drive** **Jacksonville, FL 32220** Relationship to debtor **President/Shareholder**	**$117,697.92**	**Past 12 Months**	**Officer Salary & Benefits ($69,730.70 - Salary $18,588.48 - Healthcare; $1960.00 - Vehicle Insurance; $7,200 - Gas Allowance; $1,500.00 - Vehicle Maintenance; $6750.00 - HSA Plan; $1320.00 - Cell Phone ; $5848.74 - Life Insurance; $4,800.00 - T & E Allowance)**
30.5.	**Sharon Chappell** **12338 Trailblazer Drive** **Jacksonville, FL 32220** Relationship to debtor **Wife of President/Shareholder**	**$7,857.00**	**Past 12 Months**	**Affiliate Benefits ($1,737.00 - Vehicle Insurance; $1,320.00 - Cell Phone, $4,800.00 - Gas Allowance)**

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

■ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

■ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

Debtor **Total Office Solutions, Inc.** Case number *(if known)*

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 19, 2017**

/s/ Mark Chappell
Signature of individual signing on behalf of the debtor

Mark Chappell
Printed name

Position or relationship to debtor **Registered Agent/President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

■ No
☐ Yes

United States Bankruptcy Court
Middle District of Florida

In re **Total Office Solutions, Inc.** Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Mark Chappell **12338 Trailblazer Drive** **Jacksonville, FL 32220**		**100%**	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Registered Agent/President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 19, 2017**

Signature **/s/ Mark Chappell**
Mark Chappell

Penalty for making a false statement of concealing property: Fine of up to $500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Middle District of Florida

In re **Total Office Solutions, Inc.** Debtor(s)

Case No.
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the Registered Agent/President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 19, 2017**

/s/ Mark Chappell
Mark Chappell/**Registered Agent/President**
Signer/Title

Total Office Solutions, Inc.
4301 Emerson Street
Jacksonville, FL 32207

Thomas C. Adam
Adam Law Group, P.A.
301 W. Bay Street, Suite 1430
Jacksonville, FL 32202

AIM
11657 Central Parkway
Suite 401
Jacksonville, FL 32224

Atlantic Equipment Leasing
833 Picketville Road
Jacksonville, FL 32220

Bank of America, N.A.
Bank of America Corp Center
100 North Tryon Street
Charlotte, NC 28255

Canon Financial
14904 Collections Cntr Drive
Chicago, IL 60693-1608

Dodge Data & Analytics
Dept CH 19894
Palatine, IL 60055-9894

Everbank Commercial Finance
PO Box 911608
Denver, CO 80291-1608

Fidelity Bank
10611 Deerwood Park Blvd
Jacksonville, FL 32256

Fidelity Bank Line of Credit
10611 Deerwood Park Blvd
Jacksonville, FL 32256

Jay Cooper
PO Box 4918
Ketchum, ID 83340

Konica MInolta
Dept AT 952823
Atlanta, GA 31192-2823

Mark Chappell
12338 Trail Blazer Drive
Jacksonville, FL 32220

Mooney Financial
4190 Belfort Road
Jacksonville, FL 32216

Pintney Bowes
PO Box 371874
Pittsburgh, PA 15250-7874

Total Office Solutions-GSA,
4301 Emerson Street
Jacksonville, FL 32207

Waste Management
PO Box 105453
Atlanta, GA 30348

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Middle District of Florida

In re **Total Office Solutions, Inc.** Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	$	**13,000.00**
Prior to the filing of this statement I have received	$	**13,000.00**
Balance Due	$	**0.00**

2. The source of the compensation paid to me was:

   ■ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

   ■ Debtor ☐ Other (specify):

4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

   ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
   b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
   c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
   d. [Other provisions as needed]
      Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
   Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 19, 2017
Date

/s/ Thomas C. Adam
Thomas C. Adam 648711
Signature of Attorney
Adam Law Group, P.A.
301 W. Bay Street, Suite 1430
Jacksonville, FL 32202
(904) 329-7249 Fax: (904) 516-9230
tadam@adamlawgroup.com
Name of law firm

United States Bankruptcy Court
Middle District of Florida

In re **Total Office Solutions, Inc.** Case No. ____
Debtor(s) Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Total Office Solutions, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

May 19, 2017
Date

/s/ Thomas C. Adam
Thomas C. Adam 648711
Signature of Attorney or Litigant
Counsel for **Total Office Solutions, Inc.**

Adam Law Group, P.A.
301 W. Bay Street, Suite 1430
Jacksonville, FL 32202
(904) 329-7249 Fax:(904) 516-9230
tadam@adamlawgroup.com